

## State of California

Department of Health Care Services

## Certification

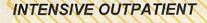
In accordance with applicable provisions of the Health and Safety Code of California and its rules, regulations, and standards, the Department of Health Care Services hereby certifies:

## SIYAN CARE CORPORATION

to operate and maintain an alcohol and/or other drug program using the following name and location:

## SIYAN CARE INTENSIVE OUTPATIENT SERVICES 480 TESCONI CIRCLE, SUITE A SANTA ROSA, CALIFORNIA 95401

This certification extends to the following level of alcohol and/or other drug program services:



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Certification Number: 490045AP

> Effective Date: 09/15/2022 Expiration Date: 09/30/2024

JANELLE ITO-ORILLE, Division Chief

Complaints regarding services provided in this facility should be directed to:

Licensing and Certification Division

Complaints Coordinator, Complaints Section, MS 2601

Post Office Box 997413, Sacramento, California 95899-7413

PHONE: (877) 685-8333 / (916) 322-2911 – FAX: (916) 440-5094 – E-mail: SUDComplaints@dhcs.ca.gov

Post in a prominent location. This Certification is not transferable.